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Date: JUNE 21, 2004

To: EXAMINER RAMPURIA
U.S. PATENT AND TRADEMARK OFFICE
Fax #: (703) 872-9315From: DARRIN WESLEY HARRIS
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Client/Matter No.: PHB 34,367 (7790/175)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No	PHB 34,357 (7790/175)
Application Number	09/616,635
Filing Date	JULY 26, 2000
First Named Inventor	KEVIN R. BOYLE
Group Art Unit	2883
Examiner	RAMPURIA, S.

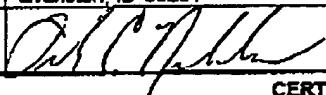
ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings	<input checked="" type="checkbox"/> Reply Brief
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Petition for Extension of Time Request (dup)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement, PTO- 1449, art	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.		
<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

	Claims After Amendment	Minus	Highest No Previously Paid For	Present Extra	Small Entity	Large Entity
Total		Minus		0	Rate x \$18=	Rate x \$18=
more		Minus		0	x \$43=	x \$86=
Final Presentation of Multiple Dep. Claim					+ \$145=	+ \$290=
					total add'l fee	total add'l fee
					\$ 0	\$

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature			Date: June 21, 2004

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to (703) 872-9315
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June 21, 2004

Signature		Date: June 21, 2004
FRANK C. NICHOLAS (33,983)		